

# BUSD CLASSIFIED & CLASSIFIED MANAGEMENT EMPLOYEE REQUEST FOR TIME OFF

Employee: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

VACATION DAYS: *Must be submitted ten (10) days in advance.*

PERSONAL NECESSITY LEAVE: *Must be submitted forty-eight (48) hours in advance. Limited to ten (10) days from accumulated sick days. (In accordance with CSEA Contract Article 13.5)*

- Death or serious illness of a member of the employees family (days beyond those allowed for bereavement).
- Accident involving the employee's person or property or property of a member of the immediate family.
- Imminent danger to unit member's home which requires presence of the employee during work day.
- Personal presence of the father at the time of birth of a child, or when birth is imminent.
- Actual attendance at the funeral of a distant relative, friend, neighbor, employee or other acquaintance.
- Unforeseen circumstances involving transportation or storm conditions that prevent the unit member from traveling to and from work.
- Unit member's appearance in court as a litigant.
- Other specific family responsibilities which require the presence of employee during work hours.

PERSONAL NECESSITY (DISCRETIONARY DAYS): *Limited to three (3) days deducted from personal necessity leave.*

PERSONAL BUSINESS (UNPAID): *Must be submitted twenty-four (24) hours in advance.*

COMPENSATORY TIME (CSEA Article 10.5): *Must be approved in advance and scheduled in accordance with union contract.*

PAID LEAVE DEDUCTED FROM SICK LEAVE: *Must be submitted forty-eight (48) hours in advance.*

- Doctor's appointment
- Surgery: *Physician's statement must be submitted before returning to work.*

PAID LEAVE NOT DEDUCTED FROM SICK LEAVE:

- Bereavement - Relationship \_\_\_\_\_: *Up to seven (7) days for death of immediate family member as indicated in Article 13.1.2.a.*
- Jury Duty: *Leave will be granted in accordance with union contracts and require proof of attendance.*

I certify that I have complied with the requirements of the Collective Bargaining Agreement relating to this leave.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Immediate Supervisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Granted  Denied

## OFFICE USE ONLY

(filed and maintained @ School site/BUSD Department Office)

Recorded (Digital Schools) Date: \_\_\_\_\_ By: \_\_\_\_\_

NOTES: